•	this form, together w	itn applicable	fee(s), to:	<u>Mail</u> r <u>Fax</u>	Commissioner to P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-		\$
current correspondence 5514 75	PE ADDRESS (Note: Use Block 1 for 90 03/01/2006 CELLA HARPER & R PLAZA	any change of address)	JE FEE and ders and notice of the second specifying		Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate Cer I hereby certify that States Postal Service were	mailing can of is certificate of paper, such the of mailing or tificate of Mais Fee(s) Transith sufficient	only be used for annot be used for as an assignment transmission. Illing or Trans smittal is being	or domestic mailings of the for any other accompanying ant or formal drawing, must
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY	OOCKET NO.	CONFIRMATION NO.
10/626,691 ITLE OF INVENTION: IN	07/25/2003 MAGE READING SYSTEM		Akihiko	Yushiya		03500.0	12108.2	9436
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400			\$300	\$1	700	06/01/2006
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
COUSO, JOSE L		2621	2621		382-312000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, li (1) the names of up to 3 registered pater or agents OR, alternatively, (2) the name of a single firm (having as a registered attorney or agent) and the nam 2 registered patent attorneys or agents. If listed, no name will be printed.			member a es of up to	1	ATRICK, CELLA R & SCINTO
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNATION (A) CANON KAR CANON KAN CANON KAR CANON KANON KAN CANON KANON KAN CANON KAN CANON KAN CANON KAN CANON KAN CANON KAN CANON KA	an assignee is identified be 37 CFR 3.11. Completion of EE ABUSHIKI KAISI assignee category or category	elow, no assignee of this form is NOT HA ries (will not be pr	data will app I a substitute (B) RESIDE inted on the p D. Payment of A check Payment	pear on the for filing ENCE: (C) POKY(patent): Fee(s): in the am	ne patent. If an assign an assignment. CITY and STATE ORC ALL ALL ALL ALL ALL ALL ALL A	Signature (1995) 504 504 orporation or colored.	ther private gro	ocument has been filed for .0626691 1409.09 OP 309.09 OP 15.09 OP oup entity Government dit any overpayment, to a copy of this form).
a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no	longer claiming SMAI	LL ENTITY s	atus. See 37 Cl	FR 1.27(g)(2).

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